

Appropriations Committee Public Hearing
Thursday, February 11, 2010
5:00pm (LOB)

RE: The Governor's Budget Proposal to eliminate Optometry from providing vision care services and eyewear to adult Medicaid recipients ... (House Bill 5018)
Vision care services in SAGA are also proposed to be eliminated

Good evening! My name is Dr. Joseph Pavano and I am an Optometrist working in the inner city. I am also a member of the state board of Optometry appointed by the governor, but want to make it clear today that I am presenting testimony as an independent eye doctor in New Britain and Bristol. My testimony today is that of my own and no way should be taken as the official opinion of the state board of Optometry.

Twenty three years ago I opened an eye care business that provided full primary eye care services to the people of New Britain. I did so many years back because I wanted to give back to the community from which I was born and raised. I felt it was important to provide care to lower income individuals and accepted Medicaid assignment even though reimbursement was very low... in fact for the first 18 years or so, about 17 cents on the dollar... or about \$36.20 for a comprehensive eye exam.

Over the past several years reimbursements have been more reasonable and approaching about what Medicare reimburses. We have been able to modernize, upgrade our equipment, and provide the very best care possible to the Medicaid population in New Britain.

The Governors proposal to eliminate Optometry from providing vision care services and eyewear to adult Medicaid recipients will result in NO care for this needy population.

Here are the facts....

- 1) The vast **majority of eye care for the Medicaid population is performed by Optometrists.**
- 2) Under the governor's proposal, Ophthalmologists will still be able to participate in seeing Medicaid patients. You should know that presently, **most ophthalmologists do not participate in the Medicaid program**, especially the managed Medicaid program. Often, we refer our complicated medical cases from New Britain to Yale New Haven or the eye clinic at UCONN, because no one else locally will see them.
- 3) All things being equal, if all of our patients were able to find a participating Ophthalmologist, the state would pay 10% more for their services, because **EyeMD's are paid 10% more** for the same procedure codes as Optometrists.
- 4) Ophthalmologists have shown through their non-participation that **they do not want to see the Medicaid population.**
- 5) Many eyeMD's do not dispense glasses, it could be that T19 patients will have their eyes examined and not be able to get their glasses prescriptions filled.
- 6) **More T19 patients will go to the Emergency Room for eye care.**
- 7) Optometrists are usually the providers who attend to our patients in the nursing homes in which they reside. Shipping this fragile population out of the nursing

home to an Ophthalmologist for an office visit will be much more expensive.
(considering the aide to assist and transportation)

- 8) This proposal will result in a loss of jobs. I can use my practice as an example in New Britain. If 75% of the patients no longer come in to see us, I expect **I will have to lay off 2 doctors and 10 staff members!**

I realize budget cuts are necessary, but cuts in this fashion would be devastating to this category of citizens. I have always thought of T19 as a temporary program for individuals who were temporarily out of work and perhaps down on their luck. How are these folks expected to get back into the workforce when they cannot see to drive to their job interview? I ask you to picture yourself functioning on a day to day basis without your eyeglasses. Vision is an operational necessity for all of us to function daily... eye exams and eyeglasses are a medical necessity to achieve the same.

Instead of eliminating Optometry from the Medicaid program, I would suggest alternative ways to saving money in the program...

- 1) Put in a place a real time authorization service that confirms that patients already haven't had an eye exam by another eye doctor within a year.
- 2) Authorize a routine eye exam once every two years instead of yearly.
- 3) Institute a co-pay for this population both for the exam procedures and eyeglasses. It is reasonable to let patients take ownership in their healthcare, and in doing so it becomes more valuable to them. But don't send a letter one week after telling Medicaid patients that if they don't have the co pay they don't have to pay it... as the state did last time.
- 4) Limit the numbers of eyeglasses a Medicaid recipient can get, perhaps one pair and one replacement pair per year.

In closing:

- There is a very limited vision benefit in SAGA as it is – a program that assists Connecticut's most vulnerable residents – many of whom are physically disabled or mentally challenged. Eliminating the benefit will simply mean some of the states poorest citizens will not be able to have assistance with vision care needs.
- Presently, adults on T19 can be seen by Optometrists. Optometrists want to continue to care for this needy population.
- I urge you to not allow cuts to these very important programs.

Thank You!

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